

MOTOR VEHICLE SHIPMENT APPLICATION

1. APPLICANT'S NAME				4. PRESENT DUTY STATION																		
2. TELEPHONE NO. <i>(Include Area Code)</i>																						
3. MAILING ADDRESS <i>(Street/P.O.B.)</i> <i>(City)</i> <i>(State)</i> <i>(Zip Code)</i>				5. NEW DUTY STATION																		
				6. SHIPMENT AUTHORIZED BY Personnel Order No. Dated																		
7. DESCRIPTION OF VEHICLE <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Make of Vehicle</td> <td style="width: 10%;">Model</td> <td style="width: 10%;">Year</td> <td style="width: 10%;">Color</td> <td style="width: 15%;">Body Style</td> <td style="width: 15%;">Weight</td> <td style="width: 15%;">lbs.</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Vehicle Serial Number</td> <td style="width: 15%;">License Plate Number</td> <td style="width: 15%;">State of Registration</td> <td style="width: 40%;">Outside Dimensions</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Length ft.: Width ft.: Height ft.</td> </tr> </table> <p>Accessories <i>(Check as appropriate)</i></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Heater <input type="checkbox"/> Radio <input type="checkbox"/> Spare Wheel <input type="checkbox"/> Jack <input type="checkbox"/> Tools <input type="checkbox"/> Other <i>(specify)</i> </div>								Make of Vehicle	Model	Year	Color	Body Style	Weight	lbs.	Vehicle Serial Number	License Plate Number	State of Registration	Outside Dimensions				Length ft.: Width ft.: Height ft.
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8. VEHICLE PURCHASED FROM a. Name of Person/Company Address <i>(Include Zip Code)</i> b. Date of Purchase				9. VEHICLE AVAILABILITY Vehicle will be available for shipment on or after _____ <i>(Date)</i> 10. SHIPMENT ARRANGEMENT Please arrange for shipment of this vehicle between: (a) the port nearest my overseas duty station and (b) the: <input type="checkbox"/> Port nearest to my U.S. duty station <input type="checkbox"/> Port of Seattle, Washington <i>(for shipment to or from Alaska)</i> <input type="checkbox"/> Port of _____ or the nearest port thereto <i>(Subject to approval of the authorizing shipping officer)</i>																		
11. VEHICLE DELIVERY TO <i>(Vehicle will be delivered to the port [dock])</i> By <i>(Full Name)</i> Address <i>(Include Zip Code)</i> Telephone No. <i>(Include Area Code)</i>																						
12. AUTO INSURANCE Name of Insurance Company Address <i>(Include Zip Code)</i> Policy No.																						
PERSON/COMPANY HOLDING LIEN Name of Person/Company holding lien on title Address <i>(Include Zip Code)</i>						13. CURRENT VALUE OF VEHICLE																
14. SIGNATURE OF APPLICANT						DATE																
15. REMARKS																						

RETURN FORM TO: PHS Shipping Officer